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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	your pictu exar licer Brin iden	e the name that is on a government-issued ure identification (for mple, your driver's use or passport). g your picture tification to your ting with the trustee.	Jennifer First name M Middle name Christy Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)
2.	use Inclu	other names you have d in the last 8 years ude your married or den names.		
3.	you num Indi	y the last 4 digits of r Social Security nber or federal vidual Taxpayer ntification number	xxx-xx-2497	

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Case number (if known)

Debtor 1 **Jennifer M Christy**

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	Business name(s)
		EINs	EINs
5.	Where you live	203 Belmont Drive	If Debtor 2 lives at a different address:
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Will County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Document Case number (if known) Debtor 1 Jennifer M Christy

7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.							
	choosing to file under	Chapter 7							
		□ Chapter 11							
		☐ Ch	napter 12						
		☐ Ch	napter 13						
8.	How you will pay the fee		about how yo	ou may pay. Typ attorney is subr	ically, if you are paying the fee yo	k with the clerk's office in your local court for more details burself, you may pay with cash, cashier's check, or money alf, your attorney may pay with a credit card or check with			
					tallments. If you choose this options (Official Form 103A).	on, sign and attach the Application for Individuals to Pay			
			I request that	at my fee be wa juired to, waive y	lived (You may request this option your fee, and may do so only if yo	n only if you are filing for Chapter 7. By law, a judge may, ur income is less than 150% of the official poverty line tha n installments). If you choose this option, you must fill out			
			the Application	on to Have the C	Chapter 7 Filing Fee Waived (Offic	cial Form 103B) and file it with your petition.			
Э.	Have you filed for bankruptcy within the last 8 years?	■ No							
	-		District		When	Case number			
			District		When	Case number			
			District		When	Case number			
I 0.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with	■ No							
	you, or by a business partner, or by an affiliate?								
			Debtor			Relationship to you			
			District		When	Case number, if known			
			Debtor			Relationship to you			
			District		When	Case number, if known			
11.	Do you rent your	■ No	Go to	line 12.					
	residence?	☐ Ye	s. Has yo	our landlord obta	ained an eviction judgment agains	t you?			
				No. Go to line	12.				
				Yes. Fill out Inc		Judgment Against You (Form 101A) and file it as part of			

Deb	Case 18-0 tor 1 <u>Jennifer M Christ</u> y		D0C 1	Document	Page 4 of 55 Case number (if known)	Desc Main
art	Report About Any Bu	usinesses	You Own a	s a Sole Proprietor		
2.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Pa	art 4.		
		☐ Yes.	Name a	nd location of business		
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name o	f business, if any		
	If you have more than one sole proprietorship, use a separate sheet and attach		Number	, Street, City, State & ZIP	Code	
	it to this petition.		Check t	he appropriate box to des	scribe your business:	
				Health Care Business (as	defined in 11 U.S.C. § 101(27A))	
				Single Asset Real Estate	(as defined in 11 U.S.C. § 101(51B))	
				Stockbroker (as defined in	n 11 U.S.C. § 101(53A))	
				Commodity Broker (as de	fined in 11 U.S.C. § 101(6))	
				None of the above		
3.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	s. If you indi	cate that you are a small v statement, and federal in	ust know whether you are a small business de business debtor, you must attach your most re ncome tax return or if any of these documents	ecent balance sheet, statement of
	For a definition of small	■ No.	I am not	filing under Chapter 11.		
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filir Code.	ng under Chapter 11, but l	I am NOT a small business debtor according t	to the definition in the Bankruptcy
		☐ Yes.	I am filir	ng under Chapter 11 and	I am a small business debtor according to the	definition in the Bankruptcy Code.
art	4: Report if You Own or	· Have Any	/ Hazardou	s Property or Any Prope	erty That Needs Immediate Attention	
4.	Do you own or have any	■ No.				
	property that poses or is					

of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Jennifer M Christy Debtor 1

Case number (if known)

15. Tell the court whether you have received a briefing about credit

counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 18-03663 Doc 1 Filed 02/10/18 Entered 02/10/18 09:19:25 Desc Main Document Page 6 of 55 Case number (if known) Jennifer M Christy Debtor 1 Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors?

	you estimate that you owe?	□ 50-99 □ 100-199 □ 200-999	□ 5001-10,000 □ 10,001-25,000	☐ 50,001-100,000 ☐ More than100,000
19.	How much do you estimate your assets to be worth?	□ \$0 - \$50,000 □ \$50,001 - \$100,000 ■ \$100,001 - \$500,000 □ \$500,001 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion
20.	How much do you estimate your liabilities	□ \$0 - \$50,000 □ \$50,001 - \$100,000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion

1,000-5,000

25,001-50,000

□ \$1,000,000,001 - \$10 billion

□ \$10,000,000,001 - \$50 billion

■ More than \$50 billion

Sign Below Part 7:

18. How many Creditors do

1-49

□ \$50,001 - \$100,000

\$100,001 - \$500,000

□ \$500,001 - \$1 million

For you

to be?

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

□ \$10,000,001 - \$50 million

□ \$50,000,001 - \$100 million

□ \$100,000,001 - \$500 million

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11. United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Jennifer M Christy Signature of Debtor 2 Jennifer M Christy Signature of Debtor 1 Executed on February 10, 2018 Executed on MM / DD / YYYY MM / DD / YYYY Case 18-03663 Doc 1 Filed 02/10/18 Entered 02/10/18 09:19:25 Desc Main Document Page 7 of 55

Debtor 1 Jennifer M Christy

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Alonzo H. Zahour	Date	February 10, 2018
Signature of Attorney for Debtor		MM / DD / YYYY
Alonzo H. Zahour 03099598		
Printed name		
Alonzo H. Zahour		
Firm name		
235 Remington Blvd Suite G1		
Bolingbrook, IL 60440		
Number, Street, City, State & ZIP Code		
Contact phone (630) 759-3631	Email address	ahzlawyer@aol.com
03099598 IL		
Bar number & State		

Page 8 of 55 Document Fill in this information to identify your case: Debtor 1 Jennifer M Christy First Name Middle Name Last Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Par	t1: Summarize Your Assets		
T all	Summarize Your Assets	Your a	assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	147,303.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	72,432.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	219,735.00
Par	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	175,508.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	43,209.09
	Your total liabilities	\$	218,717.09
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	1,707.26
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,819.00
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sc	hedules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a	a personal	, family, or

the court with your other schedules.

Official Form 106Sum

Summary of You

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

page 1 of 2

Debtor 1 Jennifer M Christy Page 9 of 55
Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____3,962.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cla	im
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Jei First ates Bankrupto aber LI Form 1 dule A egory, separate best. Be as co . If more space erry question.	Name Name Name Name Name Name Name Name	Middle the: NORTHER COPERTY escribe items. List accurate as possible attach a separate si	e Name RN DISTRICT OF ILI an asset only once. I le. If two married peoleet to this form. On	Last Name Last Name Linois If an asset fits in more than or ple are filing together, both ar the top of any additional page. Dwn or Have an Interest In ag, land, or similar property?	e equally responsible for	supplying correct
ring) First ates Bankrupto aber Coule A agory, separate best. Be as co of more space rry question. ascribe Each R	Name Name Ey Court for O6A/E B: Pr Ist and demplete and a is needed, a esidence, But general leading to the county general leading to the count	Middle the: NORTHER COPERTY escribe items. List accurate as possible attach a separate si	an asset only once. I le. If two married peol heet to this form. On	Last Name LINOIS If an asset fits in more than or ple are filing together, both ar the top of any additional page	e equally responsible for	amended filing 12/15 in the category where you supplying correct
ring) First ates Bankrupto aber Coule A agory, separate best. Be as co of more space rry question. ascribe Each R	Name Name Ey Court for O6A/E B: Pr Ist and demplete and a is needed, a esidence, But general leading to the county general leading to the count	Middle the: NORTHER COPERTY escribe items. List accurate as possible attach a separate si	an asset only once. I le. If two married peol heet to this form. On	Last Name LINOIS If an asset fits in more than or ple are filing together, both ar the top of any additional page	e equally responsible for	amended filing 12/15 in the category where you supplying correct
The states Bankrupton aber Sankrupton aber San	O6A/E B: Pr Ily list and dimplete and a is needed, a sesidence, But y legal or equivalent	the: NORTHER COPERTY escribe items. List accurate as possible attach a separate significant and control of the control of th	an asset only once. I le. If two married peol heet to this form. On	INOIS If an asset fits in more than or ple are filing together, both ar the top of any additional page	e equally responsible for	amended filing 12/15 in the category where you supplying correct
dule A egory, separate best. Be as co of firmore space erry question. escribe Each R ewn or have an	/ B: Pr /B: Pr /by list and dimplete and a is needed, a	COPERTY escribe items. List accurate as possibl attach a separate sl	an asset only once. I le. If two married peo heet to this form. On ther Real Estate You (If an asset fits in more than or ple are filing together, both ar the top of any additional page Own or Have an Interest In	e equally responsible for	amended filing 12/15 in the category where you supplying correct
egory, separate best. Be as co o. If more space ry question.	/B: Pr /B: Pr /ly list and d implete and a is needed, a esidence, Br	COPERTY escribe items. List accurate as possible attach a separate sluilding, Land, or Ot	an asset only once. I le. If two married peo heet to this form. On ther Real Estate You (ple are filing together, both ar the top of any additional page Own or Have an Interest In	e equally responsible for	amended filing 12/15 in the category where you supplying correct
egory, separate best. Be as co . If more space rry question. escribe Each R	/B: Pr ly list and demplete and a is needed, a esidence, Br y legal or eq	escribe items. List accurate as possibl attach a separate sl uilding, Land, or Ot	le. If two married peo heet to this form. On ther Real Estate You (ple are filing together, both ar the top of any additional page Own or Have an Interest In	e equally responsible for	in the category where you supplying correct
own or have an	y legal or eq					
	perty?					
·	ive				Do not deduct secured	claims or exemptions. Put
address, if availab	e, or other des	cription	Duplex or m	nulti-unit building	the amount of any secu	laims on Schedule D: laims Secured by Property.
neoville	п	60446-0000		ed or mobile home	Current value of the	Current value of the portion you own?
	State	ZIP Code	=	property	\$147,303.00	
			_			f your ownership interest enancy by the entireties, or i.
			Debtor 2 on	ly		
y			At least one Other information	of the debtors and another you wish to add about this ite	(see instructions)	ommunity property
	address, if availabl	neoville IL State	neoville IL 60446-0000 State ZIP Code	Belmont Drive address, if available, or other description Duplex or m Condominiu Manufacture Land Investment Timeshare Other Debtor 1 on Debtor 2 on At least one Other information	Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only At least one of the debtors and another	Belmont Drive address, if available, or other description Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Land Investment property Timeshare Other Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......>>

\$147,303.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

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Debtor 1 Jennifer M Christy 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Dodge Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Ram 1500 Crew Cab Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2012 Year: Debtor 2 only Current value of the Current value of the 41500 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another \$18,427.00 \$18,427.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put **Pontiac** Who has an interest in the property? Check one 3.2 Make: the amount of any secured claims on Schedule D: G5 Creditors Who Have Claims Secured by Property. ■ Debtor 1 only Model: 2008 Year: Debtor 2 only Current value of the Current value of the 103000 Approximate mileage: ☐ Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another \$1,435.00 \$1,435.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put **Pontiac** 3.3 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: G6 Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2007 Year: Debtor 2 only Current value of the Current value of the 134000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another In poor condition \$1,000.00 \$1,000.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$20,862.00 pages you have attached for Part 2. Write that number here.....= Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... \$800.00 4 beds, 4 dressers, dining room table & chairs, 2 couches 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No

Debtor 1	Case 18-03663 Jennifer M Christy	Doc 1	Filed 02/10/18 Document	Entered 02/1 Page 12 of 55	0/18 09:19:25 Case number (if known)	Desc Main
■ Yes.	. Describe					
	4 TV's,	1 laptop, 1	WII game console,	4 cell phones		\$300.00
Example ■ No	ibles of value bles: Antiques and figurines; pother collections, memo			oks, pictures, or other a	art objects; stamp, coin,	or baseball card collections;
■ No □ Yes.		cercise, and c			olf clubs, skis; canoes	and kayaks; carpentry tools;
■ No □ Yes.	nples: Pistols, rifles, shotguns Describe Ps pples: Everyday clothes, furs,					
■ Yes.	Describe	dinary adul	t supply			\$250.00
■ No □ Yes. 13. Non-fa Exam _i □ No	ry pples: Everyday jewelry, cost Describe arm animals pples: Dogs, cats, birds, horse Describe 2 dogs		engagement rings, wed	ding rings, heirloom jev	velry, watches, gems, ç	gold, silver Unknown
■ No □ Yes.	ther personal and househo				·	
for P	the dollar value of all of your art 3. Write that number he escribe Your Financial Assets				ou nave attached	\$1,350.00
Do you ov	wn or have any legal or eq	uitable inter	est in any of the follow	ring?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16. Cash Exam _i ■ No	oples: Money you have in you	ur wallet, in yo	our home, in a safe dep	osit box, and on hand v	/hen you file your petiti	on

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Case number (if known) Document Debtor 1 Jennifer M Christy 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: ■ Yes..... 17.1. Checking **Chase Bank** \$1,000.00 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: \$49.000.00 401(k) **Jackson Hewitt** 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others □ No Institution name or individual: Yes. **Utility - electric** \$220.00 Commonwealth Edison 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No

☐ Yes. Give specific information about them...

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De	ebtor 1	Jennifer M Ch	nristy		Document	Page 14 of 55 Case number (if known)	
27.	Example ■ No	es, franchises, and les: Building permodive specific info	nits, exclu	sive licenses	ngibles cooperative association	n holdings, liquor licenses, professional license	es
М	onev or n	property owed to	vou?				Current value of the
	oo, o. p	, opo. ty 0 0	, you.				portion you own? Do not deduct secured claims or exemptions.
28.	Tax refu ■ No	unds owed to yo	u				
	☐ Yes. 0	Give specific infor	mation ab	oout them, inc	cluding whether you alre	ady filed the returns and the tax years	
29.	■ No	les: Past due or Iu	•	,	usal support, child suppo	ort, maintenance, divorce settlement, property	settlement
	☐ res. (Give specific infor	mation				
30.	Examp.		s, disabilit	ty insurance p	payments, disability ben someone else	efits, sick pay, vacation pay, workers' comper	nsation, Social Security
	■ No	Give specific info	rmation				
	— 103.	Give specific fillo	imadon				
31.		t s in insurance p <i>les:</i> Health, disab		e insurance; h	ealth savings account (HSA); credit, homeowner's, or renter's insurar	nce
	☐ Yes. N	Name the insuran		ny of each popany name:	olicy and list its value.	Beneficiary:	Surrender or refund value:
32.	If you a				someone who has die t proceeds from a life in	ed surance policy, or are currently entitled to rece	eive property because
	_	Give specific info	rmation				
		Civo opcomo mio					
33.					you have filed a lawsui surance claims, or rights	it or made a demand for payment sto sue	
	☐ Yes.	Describe each cla	aim				
34.	Other c	ontingent and u	nliquidate	ed claims of	every nature, including	g counterclaims of the debtor and rights to	set off claims
	_	Describe each cla	aim				
35.	Any fina	ancial assets yo	u did not	already list			
		Give specific info	rmation				
36					om Part 4, including a	ny entries for pages you have attached	\$50,220.00
Pa	art 5: Des	cribe Any Busines	s-Related	Property You	Own or Have an Interest	In. List any real estate in Part 1.	
37.	Do you o	wn or have any leg	gal or equi	table interest	in any business-related p	roperty?	
	No. Go	to Part 6.	-		·		
	☐ Yes. G	o to line 38.					

		Case 18-03663	Doc 1	Filed 02/10/18 Document	Entered 02 Page 15 of	2/10/18 09:19:25 55	Desc Main
Debt	or 1	Jennifer M Christy		Document	-age 13 01	Case number (if known)	
Part (scribe Any Farm- and Commo			n or Have an Interes	st In.	
46. C	o you	ı own or have any legal or	equitable in	terest in any farm- or o	commercial fishin	g-related property?	
- 1	No.	Go to Part 7.					
l	☐ Yes	. Go to line 47.					
Part 1	7:	Describe All Property You	Own or Have a	an Interest in That You Dic	l Not List Above		
	Examp No	have other property of an oles: Season tickets, country Give specific information	y club membe				
54.	Add t	the dollar value of all of yo	our entries fr	om Part 7. Write that n	umber here		\$0.00
Part 8	8:	List the Totals of Each Part	of this Form				
55.	Part 1	1: Total real estate, line 2					\$147,303.00
56.	Part 2	2: Total vehicles, line 5			\$20,862.00		
57.	Part 3	3: Total personal and hou	sehold items	s, line 15	\$1,350.00		
58.	Part 4	4: Total financial assets, li	ine 36		\$50,220.00		
59.	Part 5	5։ Total business-related լ	property, line	e 45	\$0.00		
60.	Part 6	6: Total farm- and fishing-	related prop	erty, line 52	\$0.00		
61.	Part 7	7: Total other property not	t listed, line s	54 +	\$0.00		
62.	Total	personal property. Add lir	nes 56 throug	h 61	\$72,432.00	Copy personal property to	otal \$72,432.00

Official Form 106A/B Schedule A/B: Property page 6

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$219,735.00

Fill in this infor	mation to identify your	222		
Fill ill this infor	mation to identify your	case.		
Debtor 1	Jennifer M Christ	v		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
0				
Case number _				
(II KIIOWII)				

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemp	ptions are	you claiming?	Check one only	, even if	your spouse is	s filing with	vou.
----	--------------------	------------	---------------	----------------	-----------	----------------	---------------	------

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B		unt of the exemption you claim	Specific laws that allow exemption
203 Belmont Drive Romeoville, IL 60446 Will County Line from Schedule A/B: 1.1	\$147,303.00		\$0.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-901
2012 Dodge Ram 1500 Crew Cab 41500 miles Line from Schedule A/B: 3.1	\$18,427.00		\$0.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(c)
2008 Pontiac G5 103000 miles Line from <i>Schedule A/B</i> : 3.2	\$1,435.00		\$0.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(c)
2007 Pontiac G6 134000 miles In poor condition Line from Schedule A/B: 3.3	\$1,000.00	=	\$1,000.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(c)
4 beds, 4 dressers, dining room table & chairs, 2 couches Line from Schedule A/B: 6.1	\$800.00		\$800.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)

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	- Common in Cimety				
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption
	4 TV's, 1 laptop, 1 WII game console, 4 cell phones	Schedule A/B \$300.00	-	\$300.00	735 ILCS 5/12-1001(b)
	Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	
	One ordinary adult supply Line from Schedule A/B: 11.1	\$250.00		\$250.00	735 ILCS 5/12-1001(a)
	Elle Holli Geriedale A.B. TTT			100% of fair market value, up to any applicable statutory limit	
	2 dogs Line from Schedule A/B: 13.1	Unknown		\$0.00	735 ILCS 5/12-1001(b)
	Line IIOIII Scriedule AVB. 13.1			100% of fair market value, up to any applicable statutory limit	
	Checking: Chase Bank Line from Schedule A/B: 17.1	\$1,000.00		\$1,000.00	735 ILCS 5/12-1001(b)
	Elle Holli Geriedale A.B. 1111			100% of fair market value, up to any applicable statutory limit	
	401(k): Jackson Hewitt Line from Schedule A/B: 21.1	\$49,000.00		\$49,000.00	735 ILCS 5/12-1006
	Elle Holli estilodale 702. 2111			100% of fair market value, up to any applicable statutory limit	
	Utility - electric: Commonwealth	\$220.00		\$220.00	735 ILCS 5/12-1001(b)
	Line from Schedule A/B: 22.1			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every 3			led on or after the date of adjustmer	nt.)
	■ No				
	☐ Yes. Did you acquire the property covered	ed by the exemption wi	ithin 1	,215 days before you filed this case	?
	□ No				
	☐ Yes				

	Document	Page 18	of 55		
Fill in this information to identify yo	our case:				
Debtor 1 Jennifer M Ch	ricty				
Debtor 1 Jennifer M Ch	Middle Name	Last Name			
Debtor 2					
(Spouse if, filing) First Name	Middle Name	Last Name			
United States Penkruptay Court for th	e: NORTHERN DISTRICT OF ILLI	NOIS			
United States Bankruptcy Court for th	e. NORTHERN DISTRICT OF ILLI	INOIS			
Case number					
(if known)				☐ Check	if this is an
				amend	led filing
Official Form 106D					
Schedule D. Creditor	s Who Have Claims S	Secured	hy Propert	V	12/15
echedate B. Greatter	5 Wile Have Glains	700a.0	i by i roport	<u> </u>	12,10
	e. If two married people are filing togethe				
is needed, copy the Additional Page, fill I number (if known).	it out, number the entries, and attach it to) this form. On	the top of any addition	nai pages, write your na	me and case
Do any creditors have claims secured	by your property?				
<u> </u>		aabadulaa Va	u baya nathina alaa t	a ranget an this form	
— No. Check this box and submit	t this form to the court with your other s	criedules. 10	ou have nothing else t	o report on this form.	
Yes. Fill in all of the information	n below.				
Part 1: List All Secured Claims					
2 List all secured claims. If a creditor has	s more than one secured claim, list the cred	litor separately	Column A	Column B	Column C
	as a particular claim, list the other creditors		Amount of claim	Value of collateral	Unsecured
much as possible, list the claims in alphabe	etical order according to the creditor's name		Do not deduct the	that supports this	portion
2.1 Bank of the West	Describe the property that secures the	ne claim:	value of collateral. \$22,500.00	claim \$18,427.00	If any \$4,073.00
Creditor's Name	2012 Dodge Ram 1500 Crew		ΨΖΖ,300.00	Ψ10,721.00	Ψ+,07 3.00
	41500 miles	Cab			
	41000 1111100				
13505 California Street	As of the date you file, the claim is: C	heck all that			
Omaha, NE 68154	apply. Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated				
	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only	☐ An agreement you made (such as m	ortgage or secu	ured		
Debtor 2 only	car loan)	io.igago o. coo.	u. 0 u		
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mecl	hanic's lian)			
☐ At least one of the debtors and another	–	iariic s ileri)			
☐ Check if this claim relates to a	Other (including a right to offset)	Purchase M	Ioney Security		
community debt	Other (including a right to offset)	ui oi idoo ii	loney occurry		
•					
Date debt was incurred	Last 4 digits of account numb	er			
2.2 Capital One Auto Finance	Describe the property that secures the		\$3,008.00	\$1,435.00	\$1,573.00
Creditor's Name	2008 Pontiac G5 103000 mile	s			
DO D - 2 250407	As of the date you file, the claim is: O	I Check all that			
PO Box 259407 Plano, TX 75025	apply.				
	Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated				
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
_					
Debtor 1 only	An agreement you made (such as m car loan)	ortgage or secu	ured		
Debtor 2 only					
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mech	nanic's lien)			
At least one of the debtors and another					
Check if this claim relates to a	Other (including a right to offset)	Purchase N	Ioney Security		
community debt	_				
Date debt was incurred	Last 4 digits of account number	er			

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Deb	otor 1 Jennifer M Christy		Cas	se number (if know)		
	First Name Middle N	lame Last Name	<u> </u>			
2.3	Wells Fargo Home Mortgage	Describe the property that secures	the claim:	\$150,000.00	\$147,303.00	\$2,697.00
	Creditor's Name	203 Belmont Drive Romeov 60446 Will County	ille, IL			
	PO Box 10335 Des Moines, IA 50306	As of the date you file, the claim is: apply. Contingent	: Check all that			
	Number, Street, City, State & Zip Code	☐ Unliquidated☐ Disputed				
Who	o owes the debt? Check one.	Nature of lien. Check all that apply.				
_	Debtor 1 only Debtor 2 only	☐ An agreement you made (such as car loan)	mortgage or secure	d		
	Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, me	echanic's lien)			
_	At least one of the debtors and another	☐ Judgment lien from a lawsuit	•			
	Check if this claim relates to a community debt	Other (including a right to offset)	Mortgage			
Date	e debt was incurred	Last 4 digits of account num	nber			
Ac	ld the dollar value of your entries in C	Column A on this page. Write that nun	nber here:	\$175,508.	00	
	this is the last page of your form, add rite that number here:	the dollar value totals from all pages		\$175,508.	00	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

	Ouse 10 00000 E	Document	Page 20) of 55	
Fill in this	information to identify your o				
Debtor 1	Jennifer M Christy				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	rg) First Name	Middle Name	Last Name		
	o,				
United State	tes Bankruptcy Court for the:	NORTHERN DISTRICT OF IL	LINOIS		
Case numb	per				
(if known)					☐ Check if this is an
					amended filing
Official F	Form 106E/F				
		ho Have Unsecured	l Claims		12/15
schedule G: schedule D: eft. Attach th	Executory Contracts and Unexpi Creditors Who Have Claims Secu	that could result in a claim. Also ired Leases (Official Form 106G). ured by Property. If more space is e. If you have no information to re	Do not include a needed, copy t	any creditors with partially secur he Part you need, fill it out, numb	ed claims that are listed in er the entries in the boxes on the
Part 1:	List All of Your PRIORITY Un	secured Claims			
1. Do any o	creditors have priority unsecured	d claims against you?			
No. 0	Go to Part 2.				
☐ Yes.					
	List All of Your NONPRIORIT				
	creditors have nonpriority unsec				
□ No. Y	You have nothing to report in this pa	art. Submit this form to the court with	n your other sche	dules.	
Yes.					
				holds each claim. If a creditor has	
4. List all o	ed claim, list the creditor separately	aims in the alphabetical order of t of or each claim. For each claim liste st the other creditors in Part 3.If you	ed, identify what t	pe of claim it is. Do not list claims a	already included in Part 1. If more
4. List all ounsecure than one	ed claim, list the creditor separately	for each claim. For each claim liste	ed, identify what t	pe of claim it is. Do not list claims a	lready included in Part 1. If more
4. List all cunsecure than one Part 2.	ed claim, list the creditor separately e creditor holds a particular claim, list liventist Bolingbrook Hosp	r for each claim. For each claim liste st the other creditors in Part 3.If you	d, identify what to have more than	pe of claim it is. Do not list claims a	Ilready included in Part 1. If more fill out the Continuation Page of
4. List all cunsecure than one Part 2.	ed claim, list the creditor separately a creditor holds a particular claim, list the creditor holds a particular claim, list the creditor holds a particular claim, list the creditor holds a particular claim. It is the creditor holds a particular claim, list the creditor holds a particular holds	of or each claim. For each claim liste st the other creditors in Part 3.If you Last 4 digits of ac	ed, identify what to have more than count number	pe of claim it is. Do not list claims a three nonpriority unsecured claims	Ilready included in Part 1. If more fill out the Continuation Page of
4. List all cunsecure than one Part 2. 4.1 Ad Nor 75	ed claim, list the creditor separately a creditor holds a particular claim, list the creditor holds a particular claim, list the creditor separately a particular holds a particular claim, list the creditor holds a particular holds a	of or each claim. For each claim liste st the other creditors in Part 3.If you Last 4 digits of ac	ed, identify what to have more than count number	pe of claim it is. Do not list claims a three nonpriority unsecured claims	Ilready included in Part 1. If more fill out the Continuation Page of
4.1 List all cunsecure than one Part 2. 4.1 Ad Nor 75 Ch	ed claim, list the creditor separately a creditor holds a particular claim, list the creditor holds a particular claim, list the creditor holds a particular claim, list the creditor holds a particular claim. It is the creditor holds a particular claim, list the creditor holds a particular holds	of or each claim. For each claim liste st the other creditors in Part 3.If you bital Last 4 digits of ac When was the det	ed, identify what to have more than count number of incurred?	pe of claim it is. Do not list claims a three nonpriority unsecured claims	Ilready included in Part 1. If more fill out the Continuation Page of
4. List all c unsecure than one Part 2. 4.1 Ad Nor 75 Ch Nun Who	ed claim, list the creditor separately a creditor holds a particular claim, list the creditor separately a creditor holds a particular claim, list the creditor holds a particular claim, list the creditor's Name are remittance Drive Suite 60 hicago, IL 60675-6097 mber Street City State Zlp Code to incurred the debt? Check one.	poital Last 4 digits of ac When was the determinant of the date you As of the date you	ed, identify what to have more than count number of incurred?	ype of claim it is. Do not list claims a three nonpriority unsecured claims 9070	Ilready included in Part 1. If more fill out the Continuation Page of
4.1 List all cunsecure than one Part 2. 4.1 Ad Nor 75 Ch Nun Who	ed claim, list the creditor separately a creditor holds a particular claim, list the creditor separately a creditor holds a particular claim, list the creditor separately appropriate the comparison of the comparison of the creditor of the	of or each claim. For each claim liste st the other creditors in Part 3.If you bital Last 4 digits of ac When was the det	ed, identify what to have more than count number of incurred?	ype of claim it is. Do not list claims a three nonpriority unsecured claims 9070	Ilready included in Part 1. If more fill out the Continuation Page of
4.1 List all cunsecure than one Part 2. 4.1 Ad Nor 75 Ch Nun Who	ed claim, list the creditor separately a creditor holds a particular claim, list the creditor separately a creditor holds a particular claim, list the creditor holds a particular claim, list the creditor's Name are remittance Drive Suite 60 hicago, IL 60675-6097 mber Street City State Zlp Code to incurred the debt? Check one.	poital Last 4 digits of ac When was the determinant of the date you As of the date you	ed, identify what to have more than count number of incurred?	ype of claim it is. Do not list claims a three nonpriority unsecured claims 9070	Ilready included in Part 1. If more fill out the Continuation Page of
4. List all cunsecure than one Part 2. 4.1 Ad Nor 75 Ch Nun Wh	ed claim, list the creditor separately a creditor holds a particular claim, list the creditor separately a creditor holds a particular claim, list the creditor separately a cre	of or each claim. For each claim liste st the other creditors in Part 3.If you could be stated as the other creditors in Part 3.If you could be stated as the determinant of the date you could be stated as the date you coul	ed, identify what to have more than count number of incurred?	ype of claim it is. Do not list claims a three nonpriority unsecured claims 9070 S: Check all that apply	Ilready included in Part 1. If more fill out the Continuation Page of
4.1 Add Nor 75 Ch Nun	ed claim, list the creditor separately a creditor holds a particular claim, list the creditor separately a creditor holds a particular claim, list the creditor holds a particular claim, list the creditor's Name Remittance Drive Suite 60 incago, IL 60675-6097 inber Street City State Zlp Code to incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another creditors in the debtors and another creditors.	poital Last 4 digits of ac O97 When was the det As of the date you Contingent Unliquidated Disputed Type of NONPRIO	ed, identify what to have more than count number of incurred?	ype of claim it is. Do not list claims a three nonpriority unsecured claims 9070 S: Check all that apply	Ilready included in Part 1. If more fill out the Continuation Page of
4.1 Add Nor 75 Ch Nun	ed claim, list the creditor separately a creditor holds a particular claim, list the creditor separately a creditor holds a particular claim, list the creditor holds a particular claim, list the creditor's Name Remittance Drive Suite 60 incago, IL 60675-6097 inber Street City State Zlp Code to incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and and Check if this claim is for a communication.	poital Last 4 digits of ac O97 When was the det As of the date you Contingent Unliquidated Disputed Type of NONPRIO Student loans Student loans	ed, identify what to have more than count number of incurred?	ype of claim it is. Do not list claims a three nonpriority unsecured claims 9070 s: Check all that apply	Ilready included in Part 1. If more fill out the Continuation Page of Total claim \$31.92
4.1 Add Nor 75 Ch Nun Who	ed claim, list the creditor separately a creditor holds a particular claim, list the creditor separately a creditor holds a particular claim, list the creditor holds a particular claim, list the creditor's Name Remittance Drive Suite 60 incago, IL 60675-6097 inber Street City State Zlp Code to incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and and Check if this claim is for a communication.	poital Last 4 digits of ac O97 When was the det As of the date you Contingent Unliquidated Disputed Type of NONPRIO Student loans Student loans	count number ot incurred? If file, the claim i	ype of claim it is. Do not list claims a three nonpriority unsecured claims 9070 S: Check all that apply	Ilready included in Part 1. If more fill out the Continuation Page of Total claim \$31.92
4.1 Add Nor 75 Ch Nun Who	ed claim, list the creditor separately a creditor holds a particular claim, list the creditor separately a creditor holds a particular claim, list the creditor holds a particular claim, list the creditor is Name Remittance Drive Suite 60 incago, IL 60675-6097 inber Street City State Zlp Code to incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and and Check if this claim is for a common to the claim subject to offset?	poital Last 4 digits of ac O97 When was the det As of the date you Contingent Unliquidated Disputed Type of NONPRIO Type of NONPRIO Student loans Obligations aris report as priority cla	ed, identify what to have more than count number of incurred? If file, the claim incurred ing out of a separations.	ype of claim it is. Do not list claims a three nonpriority unsecured claims 9070 s: Check all that apply	Ilready included in Part 1. If more fill out the Continuation Page of Total claim \$31.92

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Document Page 21 of 55 Debtor 1 Jennifer M Christy Case number (if know) 4.2 \$451.23 Adventist Bolingbrook Hospital Last 4 digits of account number 8565 Nonpriority Creditor's Name c/o Malcolm S Gerald and Assoc When was the debt incurred? 332 S Michigan Ave Suite 600 Chicago, IL 60604 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify medical ☐ Yes **Adventist Health Partners** 4.3 Last 4 digits of account number \$191.30 Nonpriority Creditor's Name Attn 16934J When was the debt incurred? PO Box 14000 Belfast, ME 04915-4033 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes medical Other. Specify 4.4 AT&T U Verse Last 4 digits of account number 9949 \$446.99 Nonpriority Creditor's Name c/o Sunrise Credit Services When was the debt incurred? PO Box 9100 Farmingdale, NY 11735-9100 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another

Official Form 106 E/F

debt

■ No

☐ Yes

☐ Student loans

report as priority claims

■ Other. Specify general

☐ Obligations arising out of a separation agreement or divorce that you did not

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Check if this claim is for a community

Is the claim subject to offset?

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Debtor 1 Jennifer M Christy Case number (if know) 4.5 \$2,351.00 **Best Buy CBNA** Last 4 digits of account number Nonpriority Creditor's Name PO Box 6497 When was the debt incurred? Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify general ☐ Yes **Capital One** 4.6 4368 \$8,912.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 30281 When was the debt incurred? Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify **general** 4.7 **Capital One Bank** Last 4 digits of account number 7529 \$4,449.63 Nonpriority Creditor's Name c/o Northland Group When was the debt incurred? PO Box 390846 Minneapolis, MN 55439 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify general

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Page 23 of 55 Document Debtor 1 Jennifer M Christy Case number (if know) 4.8 \$2,351.73 Citibank NA Last 4 digits of account number 8149 Nonpriority Creditor's Name c/o GC Services Limited When was the debt incurred? **Partnership** PO Box 3855 Houston, TX 77253 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify general ☐ Yes 4.9 \$900.00 ComEd Last 4 digits of account number 7020 Nonpriority Creditor's Name When was the debt incurred? System Credit/Bankruptcy Dept 2100 Swift Drive Oak Brook, IL 60523 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify electric service ☐ Yes 4.1 **Darien University Dermatology** \$68.98 3481 Last 4 digits of account number Nonpriority Creditor's Name 8110 S Cass Avenue When was the debt incurred? Darien, IL 60561 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another

debt

■ No

☐ Yes

■ Other. Specify medical

 \square Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

report as priority claims

☐ Check if this claim is for a community

Is the claim subject to offset?

Debto	1 Jennifer M Christy	Document Page 24 of 55 Case number (if know)	
4.1 1	DuPage Medical Group	Last 4 digits of account number	\$42.12
	Nonpriority Creditor's Name 1860 Paysphere Circle Chicago, IL 60674	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify medical	
4.1	Edward Hamital		\$245.00
2	Edward Hospital Nonpriority Creditor's Name	Last 4 digits of account number	\$315.28
	PO Box 4207 Carol Stream, IL 60197-4207	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify medical	
4.1	Lending Club Corp	Last 4 digits of account number	\$5,895.00
3	Nonpriority Creditor's Name 21 Stevenson Suite 300	When was the debt incurred?	********
	San Francisco, CA 94105		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	_	
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	

■ No

☐ Yes

Other. Specify **general**

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Document Page 25 of 55 Case number (if know) Debtor 1 Jennifer M Christy 4.1 Midland Funding 9141 \$1,443.59 Last 4 digits of account number Nonpriority Creditor's Name PO Box 2001 When was the debt incurred? Warren, MI 48090-2001 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify **general** 4.1 Midland Funding LLC C331 \$4,391.60 Last 4 digits of account number Nonpriority Creditor's Name c/o Kohn Law Firm When was the debt incurred? 735 N Water St Suite 1300 Milwaukee, WI 53202-4106 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify general 4.1 Midland Funding LLC 7154 \$3,875.63 6 Last 4 digits of account number Nonpriority Creditor's Name 2365 Northside Drive Suite 300 When was the debt incurred? San Diego, CA 92108 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

■ Other. Specify general

 \square Debts to pension or profit-sharing plans, and other similar debts

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Debi	Jenniter W Christy	Case number (if know)	
4.1 7	Nicor	Last 4 digits of account number 1371	\$358.89
	Nonpriority Creditor's Name Attn Bankruptcy & Collections PO Box 549	When was the debt incurred?	
	Aurora, IL 60507 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify gas	
4.1 8	Oakbrook Allergists SC	Last 4 digits of account number 5013	\$54.11
	Nonpriority Creditor's Name 120 Oakbrook Center Mall Suite 424 Oak Brook, IL 60523-4728	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify medical	
4.1 9	Rush Copley Medical Center Nonpriority Creditor's Name	Last 4 digits of account number	\$143.64
	PO Box 2091 Aurora, IL 60507-2091	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	■ No		
	Yes	Other. Specify medical	

Page 27 of 55 Case number (if know) Document Debtor 1 Jennifer M Christy 4.2 Suburban Radiologists SC 1707 \$5.03 Last 4 digits of account number 0 Nonpriority Creditor's Name 1446 Momentum Place When was the debt incurred? Chicago, IL 60689-5314 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify medical 4.2 **Synchrony Bank** 2454 \$2,605.93 Last 4 digits of account number Nonpriority Creditor's Name c/o Portfolio Recovery Assoc When was the debt incurred? PO Box 12903 Norfolk, VA 23541 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify general 4.2 Synchrony Bank 0412 \$2,878.49 2 Last 4 digits of account number Nonpriority Creditor's Name **Bankruptcy Dept** When was the debt incurred? PO Box 965061 Orlando, FL 32896-5061 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify general

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Total claims from Part 2

0.00
0.00
0.00
0.00
209.09
209.09
_

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Fill in this infor	mation to identify your	case:		
Debtor 1	Jennifer M Christ	у		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number (if known)				☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	n whom you have the c	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.3					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			_
	City		State	ZIP Code	-

		Docume	ent Page 30 d	けわり	
Fill in this	information to identify your				
Debtor 1	Jennifer M Christ	:V			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	g) First Name	Middle Name	Last Name		
United Stat	es Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
0	. ,				
Case numb (if known)	oer				☐ Check if this is an
					amended filing
Official	Form 106H				
	ule H: Your Cod	ebtors			12/15
	<u> </u>				.2.10
ill it out, ar our name	nd number the entries in the and case number (if known)	boxes on the left. Attach . Answer every question	the Additional Page t	to this page. On the to	needed, copy the Additional Page, p of any Additional Pages, write
1. Do y	ou have any codebtors? (If	you are filing a joint case,	do not list either spouse	e as a codebtor.	
■ No □ Yes					
Arizona 	a, California, Idaho, Louisiana				ty states and territories include)
	Go to line 3. Did your spouse, former sports	use or legal equivalent live	with you at the time?		
— 103.	. Dia your spouse, former spor	ase, or legal equivalent live	, with you at the time:		
in line Form 1	2 again as a codebtor only i	f that person is a guaran	tor or cosigner. Make	sure you have listed t	ng with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor lame, Number, Street, City, State and Z	IP Code		Column 2: The cre Check all schedule	editor to whom you owe the debt es that apply:
3.1				☐ Schedule D, lir	ne
	Name			☐ Schedule E/F,	
				☐ Schedule G, lir	ne
	Number Street			<u> </u>	
C	City	State	ZIP Code		
3.2				☐ Schedule D, lir	200
	Name			Schedule E/F,	
				☐ Schedule G, lir	
1	Number Street			_	
(City	State	ZIP Code		

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Fill in this informat	tion to identify your case:	
Debtor 1	Jennifer M Christy	
Debtor 2 (Spouse, if filing)		
United States Ban	skruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS	
Case number		Check if this is:
(If known)		☐ An amended filing
		☐ A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	<u>rm 106l</u>	MM / DD/ YYYY
Schedule	I: Your Income	12/15
Be as complete a	nd accurate as possible. If two married people are filing together (D	ebtor 1 and Debtor 2), both are equally responsible for

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

	Debtor 1	Debtor 2 or non-filing spouse
	Employed	
	■ Employed	Employed
Employment status	☐ Not employed	☐ Not employed
Occupation	Customer Order Specialist	
Employer's name	The Home Depot	Pres-On
Employer's address	2101 W. 75th St. Darien, IL 60561	2600 E. 107th Street Bolingbrook, IL 60440
E	Employer's name	Customer Order Specialist Employer's name The Home Depot

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

			non-fili	ng spouse
2.	\$_	3,930.33	\$	0.00
3.	+\$_	0.00	+\$	0.00
4.	\$_	3,930.33	\$	0.00

For Debtor 2 or

For Debtor 1

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Deb	tor 1	Jennifer M Christy	-	Case	number (if known)			
	Con	by line 4 here	4.	For	Debtor 1 3,930.33		ebtor 2 or ing spouse 0.00	
_	•		••	Ψ_	0,300.00	Ψ	0.00	
5.	5a. 5b. 5c. 5d. 5e. 5f. 5g.	all payroll deductions: Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues	5a. 5b. 5c. 5d. 5e. 5f. 5g.	\$ \$ \$ \$ \$	640.45 0.00 234.00 0.00 873.90 0.00 0.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00	
	5h.	Other deductions. Specify: HL Credit 401K Loan	5h.+	\$ \$	100.60 286.00	+ \$	0.00	
		PurchPower	_	\$	88.12	\$	0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	2,223.07	\$	0.00	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	1,707.26	\$	0.00	
8.	8b. 8c. 8d. 8e. 8f. 8g. 8h.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify:	8a. 8b. 8c. 8d. 8e. 8f. 8g. 8h.+	\$ \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00	1
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	0.00	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	•	1,707.26 + \$_	(0.00 = \$	1,707.26
11.	Inclu othe Do r	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your per friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depen		•		edule J. 11. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certain lies						1,707.26
13.	Do y	you expect an increase or decrease within the year after you file this form? No. Yes Evoluin:	?				Combine monthly	

Official Form 106I Schedule I: Your Income page 2

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Fill	in this information to identify your case:					
	otor 1 Jennifer M Christy			Che	eck if this is:	
	Jennier in Christy				An amended filing	
	otor 2 ouse, if filing)				A supplement show 13 expenses as of	ving postpetition chapter
``						
Unit	ted States Bankruptcy Court for the: NORTHERN DISTRIC	T OF ILLINOIS	<u> </u>		MM / DD / YYYY	
1	se number					
(If K	known)					
Of	fficial Form 106J					
S	chedule J: Your Expenses					12/1
Be info	as complete and accurate as possible. If two marrie ormation. If more space is needed, attach another sl mber (if known). Answer every question.					
Par 1.	rt 1: Describe Your Household Is this a joint case?					
١.	■ No. Go to line 2.					
	☐ Yes. Does Debtor 2 live in a separate household	l?				
	□ No					
	☐ Yes. Debtor 2 must file Official Form 106J-	2, Expenses for	r Separate House	hold of De	btor 2.	
2.	Do you have dependents? ☐ No					
	Do not list Debtor 1 and Debtor 2. Fill out this info each depende		Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the	_				□ No
	dependents names.	_	Son			Yes
			Daughter		13	□ No ■ Yes
		=	Daagiitei			■ Yes □ No
			Daughter		21	■ Yes
		_				□ No
3.	Do your expenses include ■ No.	-				☐ Yes
Э.	expenses of people other than yourself and your dependents?					
Est	Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing dapenses as of a date after the bankruptcy is filed. If the plicable date.					
the	clude expenses paid for with non-cash government a e value of such assistance and have included it on S ificial Form 106l.)				Your expe	enses
4.	The rental or home ownership expenses for your payments and any rent for the ground or lot.	esidence. Incl	ude first mortgage	4.	\$	1,211.00
	If not included in line 4:					
	4a. Real estate taxes			4a.	\$	0.00
	4b. Property, homeowner's, or renter's insurance			4a. 4b.	·	0.00
	4c. Home maintenance, repair, and upkeep expens	es		4c.		0.00
_	4d. Homeowner's association or condominium due:			4d.	·	0.00
5.	Additional mortgage payments for your residence	such as home	equity loans	5.	<i>3</i> 5	0.00

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Debtor	¹ Jennifer	M Christy	Case num	ber (if known)	
6. U	Itilities:				
-		, heat, natural gas	6a.	\$	300.00
	•	wer, garbage collection	6b.	· · · · · · · · · · · · · · · · · · ·	140.00
_		e, cell phone, Internet, satellite, and cable services	6c.	·	280.00
	d. Other. Sp		6d.	·	0.00
_		ekeeping supplies	7.		600.00
		children's education costs	7. 8.	\$	
_			o. 9.	·	0.00
	-	lry, and dry cleaning		\$	50.00
		products and services	10.	·	100.00
		ental expenses	11.	\$	18.00
	ransportation to not include c	. Include gas, maintenance, bus or train fare.	12.	\$	120.00
		clubs, recreation, newspapers, magazines, and books	13.	·	0.00
		tributions and religious donations	14.		0.00
		unbutions and rengious donations	14.	Ψ	0.00
	nsurance. In not include in	nsurance deducted from your pay or included in lines 4 or 20.			
	5a. Life insura		15a.	\$	0.00
	5b. Health ins		15a.	•	0.00
	5c. Vehicle in		15b.		145.00
		urance. Specify:	15d.	•	
			15u.	Φ	0.00
_	pecify:	nclude taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
		ease payments:			
		ents for Vehicle 1	17a.	\$	558.00
1	7b. Car paym	ents for Vehicle 2	17b.	\$	197.00
1	7c. Other. Sp	ecify:	17c.	\$	0.00
1	7d. Other. Sp	ecify:	17d.	\$	0.00
3. Y	our payments	of alimony, maintenance, and support that you did not report a	ıs	_	0.00
		your pay on line 5, Schedule I, Your Income (Official Form 106I)	18.	·	0.00
). O	ther payment	s you make to support others who do not live with you.		\$	0.00
	pecify:		19.		
		perty expenses not included in lines 4 or 5 of this form or on Sch			
2	0a. Mortgage	s on other property	20a.	\$	0.00
2	0b. Real esta	te taxes	20b.	\$	0.00
2	0c. Property,	homeowner's, or renter's insurance	20c.	\$	0.00
2	0d. Maintenar	nce, repair, and upkeep expenses	20d.	\$	0.00
2	0e. Homeowr	ner's association or condominium dues	20e.	\$	0.00
. o	ther: Specify:	Pet expenses	21.	+\$	100.00
		· · · · · · · · · · · · · · · · · · ·			
	-	monthly expenses		•	2 040 00
	2a. Add lines 4	•		\$	3,819.00
		22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
2	2c. Add line 22	a and 22b. The result is your monthly expenses.		\$	3,819.00
3. C	alculate your	monthly net income.			
	•	12 (your combined monthly income) from Schedule I.	23a.	\$	1,707.26
		r monthly expenses from line 22c above.	23b.		3,819.00
_	,,,,,,,			·	
2	3c. Subtract y	our monthly expenses from your monthly income.			6 4 4 4 - 4
		t is your monthly net income.	23c.	\$	-2,111.74
4. D	o vou expect	an increase or decrease in your expenses within the year after y	vou file this	form?	
		ou expect to finish paying for your car loan within the year or do you expect yo			or decrease because o
		terms of your mortgage?	- 3-3-1	. ,	
	No.				
	Yes.	Explain here:			
ᆫ	⊒ 1 €5.	Explain note.			

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Fill in this inform	mation to identify you	ur case:			
Debtor 1	Jennifer M Chri	sty			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for the	: NORTHERN DISTRICT	OF ILLINOIS		
Case number					☐ Check if this is an amended filing
Official Forn	n 106Dec				
Declarat	ion About	an Individual	Debtor's Sc	hedules	12/15
You must file this obtaining money years, or both. 18	s form whenever you	l in connection with a bank	or amended schedules.	Making a false state	ment, concealing property, or 0, or imprisonment for up to 20
Did you pa	y or agree to pay sor	neone who is NOT an attor	ney to help you fill out b	ankruptcy forms?	
■ No					
☐ Yes. N	Name of person				cruptcy Petition Preparer's Notice, and Signature (Official Form 119)
	Ity of perjury, I decla e true and correct.	re that I have read the sum	mary and schedules filed	d with this declaratio	n and
X /s/.len	nifer M Christy		X		

Signature of Debtor 2

Date

Jennifer M Christy Signature of Debtor 1

Date February 10, 2018

Fill	n this inform	nation to identify you	r case:			
Deb		Jennifer M Chris				
		First Name	Middle Name	Last Name		
Debi (Spou	tor 2 ise if, filing)	First Name	Middle Name	Last Name		
Unite	ed States Bar	nkruptcy Court for the:	NORTHERN DISTRICT (OF ILLINOIS		
Case	e number					
(if kno	_				_	Check if this is an amended filing
Sta	s complete a	of Financial		re filing together, both are	equally responsible for sup	
		ore space is needed, a). Answer every ques		this form. On the top of any	/ additional pages, write yo	ur name and case
Part	1: Give D	etails About Your Ma	rital Status and Where You	Lived Before		
i. '	What is your	current marital statu	s?			
	■ Married □ Not mar	ried				
2.	During the la	ıst 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. List	t all of the places you l	ived in the last 3 years. Do no	ot include where you live now	<i>'</i> .	
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territor co, Texas, Washington and V	
	■ No □ Yes. Ma	ke sure you fill out <i>Sch</i>	nedule H: Your Codebtors (O	fficial Form 106H).		
Part	2 Explain	n the Sources of You	r Income			
	Fill in the tota	I amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?
	□ No ■ Yes. Fill	in the details.				
			D. ()		D.L.	
			Debtor 1	Crass insams	Debtor 2	Gross income
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	(before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$3,821.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

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Page 37 of 55 Case number (if known) Document Debtor 1 **Jennifer M Christy**

				Debtor 1		Debtor 2		
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inc Check all that a		Gross income (before deductions and exclusions)
	r last caler inuary 1 to	ndar year: December	31, 2017)	■ Wages, commissions, bonuses, tips	\$47,543.00	☐ Wages, combonuses, tips	nmissions,	
				☐ Operating a business		☐ Operating a	business	
		dar year be December		■ Wages, commissions, bonuses, tips	\$41,555.00	☐ Wages, combonuses, tips	nmissions,	
				☐ Operating a business		☐ Operating a	business	
	and other winnings. List each No	public bene If you are fil	fit payments; ing a joint ca the gross inc	her that income is taxable. Exa- pensions; rental income; inter se and you have income that y ome from each source separa	rest; dividends; money collect you received together, list it	cted from lawsuits; only once under Do	royalties; an ebtor 1.	
				Debtor 1		Debtor 2		
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inc Describe below		Gross income (before deductions and exclusions)
Pa	rt 3: Lis	t Certain Pa	yments You	ı Made Before You Filed for ∣	Bankruptcy			
6.		r Debtor 1's Neither D	or Debtor 2 ebtor 1 nor I	2's debts primarily consumer Debtor 2 has primarily consumer a personal, family, or househol	r debts? ımer debts. Consumer deb	ts are defined in 11	U.S.C. § 10	1(8) as "incurred by an
		□ No. □ Yes	Go to line The List below paid that contact include	ore you filed for bankruptcy, di 7. each creditor to whom you pai reditor. Do not include paymer payments to an attorney for th ton 4/01/19 and every 3 years	d a total of \$6,425* or more tts for domestic support oblinis bankruptcy case.	in one or more pay gations, such as ch	ments and to	and alimony. Also, do
	■ Yes.			or both have primarily consu		al of \$600 or more?	?	
		□ _{No.}	Go to line	7.				
		■ Yes	include pay	each creditor to whom you pai yments for domestic support of r this bankruptcy case.				
	Creditor	's Name an	d Address	Dates of payme	nt Total amount	Amount you still owe	Was this	payment for
	Bank of	f the West		monthly	\$558.00	\$22,500.00		-

□ Other

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Debtor 1 **Jennifer M Christy**

	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for		
	Capital One Auto Finance PO Box 260848 Plano, TX 75026-0848	monthly	\$197.00	\$3,008.00	 ☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other 		
	Wells Fargo Home Mortgage PO Box 10335 Des Moines, IA 50306	monthly	\$1,211.00	\$150,000.00	■ Mortgage □ Car □ Credit Card □ Loan Repayment □ Suppliers or vendors □ Other		
7.	Within 1 year before you filed for bankrupto Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	rtners; relatives of any ger control, or owner of 20% o	neral partners; partners partners partners of their votin	erships of which yo g securities; and a	ou are a general partner; corporations ny managing agent, including one for		
	Yes. List all payments to an insider.						
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment		
8.	Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cos ■ No □ Yes. List all payments to an insider		ments or transfer a	any property on a	ccount of a debt that benefited an		
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name		
Pai	rt 4: Identify Legal Actions, Repossession	s, and Foreclosures					
9.	Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details.						
	Case title	Nature of the case	Court or agency		Status of the case		
	Case number Midland Funding LLC by its servicing agent, Midland Credit Management Inc., 2365 Northside Dr Suite 300 SanDiego, CA 92108 vs. Jennifer M. Christy 18 SC 331	Collection	Circuit Court of Will County, Illinois 14 W. Jefferson Street Joliet, IL 60432		■ Pending □ On appeal □ Concluded		
	TD Bank USA, N.A. vs. Jennifer M. Christy 17 SC 6101	Collection	Circuit Court of County, Illinois 14 W. Jefferso Joliet, IL 60432	s n Street	☐ Pending ☐ On appeal ☐ Concluded		

		Case 18-03663	Doc 1 F	iled 02/10/18 Document	Entered 02/10/18 09 Page 39 of 55	9:19:25 Des	c Main
Del	otor 1	Jennifer M Christy			Case number (if known)	
10.		in 1 year before you filed fo k all that apply and fill in the c		as any of your pro	perty repossessed, foreclosed,	garnished, attach	ed, seized, or levied?
	_	No. Go to line 11. Yes. Fill in the information be	elow.				
	Cred	ditor Name and Address		escribe the Property		Date	Value of th propert
			E	plain what happen	ed		
11.	accor	in 90 days before you filed unts or refuse to make a pa No Yes. Fill in the details.			cluding a bank or financial ins	titution, set off any	amounts from your
	Cred	ditor Name and Address	De	escribe the action the	he creditor took	Date action was taken	Amoun
12.		in 1 year before you filed fo t-appointed receiver, a cust			perty in the possession of an a	ssignee for the be	nefit of creditors, a
	_	••	iodian, or anoth	er official:			
	_	No Van					
	ш '	Yes					
Par	t 5:	List Certain Gifts and Con	tributions				
13.	Withi	in 2 years before you filed f	or bankruptcy.	did vou give any gi	fts with a total value of more th	an \$600 per perso	n?
	_	No	,,	a.a , ca g c a, g.		4000 ро. ро. ос	•
		Yes. Fill in the details for eac	h gift.				
		s with a total value of more person	than \$600	Describe the gift	s	Dates you gave the gifts	Valu
		son to Whom You Gave the ress:	Gift and				
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity. No Yes. Fill in the details for each gift or contribution.						
	Gifts more Chai	s or contributions to chariti e than \$600 rity's Name ress (Number, Street, City, State a	ies that total		ou contributed	Dates you contributed	Valu
Par	t 6:	List Certain Losses					
15.		in 1 year before you filed fo mbling?	or bankruptcy o	since you filed for	bankruptcy, did you lose anytl	hing because of th	eft, fire, other disaste
	_	No Yes. Fill in the details.					
		cribe the property you lost	and Descr	ibe any insurance o	coverage for the loss	Date of your	Value of propert
		the loss occurred	Includ	e the amount that ins	surance has paid. List pending 3 of Schedule A/B: Property.	loss	los

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Case number (if known) Document

Debtor 1 Jennifer M Christy

	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and v transferred	alue of any pro	pperty	Date payment or transfer was made	Amount of payment	
	Alonzo H. Zahour 235 Remington Blvd., Suite G1 Bolingbrook, IL 60440 ahzlawyer@aol.com	Attorney Fees			01/29/2018	\$1,085.00	
	Access Counseling Inc				01/26/2018	\$8.95	
17.	Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you li No	or to make payments			y or transfer any prope	rty to anyone who	
	Yes. Fill in the details.						
	Person Who Was Paid Address	Description and v	alue of any pro	perty	Date payment or transfer was made	Amount of payment	
 Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyon transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. 							
	Person Who Received Transfer Address Person's relationship to you	Description and v property transfer	sferred payments		e any property or its received or debts exchange	Date transfer was made	
19.	Within 10 years before you filed for bankruptc beneficiary? (These are often called asset-protein No □ Yes. Fill in the details.		y property to a	self-settled	trust or similar device	of which you are a	
	Name of trust	Description and v	alue of the pro	perty transfe	erred	Date Transfer was made	
Par	List of Certain Financial Accounts, Instr	uments, Safe Deposit	t Boxes, and St	orage Units			
20.	Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or chouses, pension funds, cooperatives, associated No Yes, Fill in the details.	other financial accour	nts; certificates	of deposit;			
		ast 4 digits of ccount number	count number instrument cl		Date account was closed, sold, moved, or cransferred	Last balance before closing or transfer	
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?						
	No No						
	Yes. Fill in the details.						
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe th	e contents	Do you still have it?	

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22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?								
	_	lo 'es. Fill in the details.							
	Name	e of Storage Facility ess (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the	contents	Do you still have it?			
Pai	t 9:	Identify Property You Hold or Control for	Someone Else						
23.	-								
	_	lo 'es. Fill in the details.							
	_	er's Name ess (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the	property	Value			
Pai	t 10:	Give Details About Environmental Inform	nation						
For	the pu	rpose of Part 10, the following definitions	s apply:						
	toxic :	onmental law means any federal, state, or substances, wastes, or material into the a ations controlling the cleanup of these su	air, land, soil, surface water, grou ibstances, wastes, or material.	ndwater, or oth	er medium, including st	atutes or			
		neans any location, facility, or property as n, operate, or utilize it, including disposa		I law, whether y	you now own, operate,	or utilize it or used			
		dous material means anything an enviror dous material, pollutant, contaminant, or		us waste, hazar	dous substance, toxic s	substance,			
Rep	ort all	notices, releases, and proceedings that y	ou know about, regardless of wh	en they occurre	łd.				
24.	Has a	ny governmental unit notified you that yo	ou may be liable or potentially liab	le under or in v	iolation of an environm	ental law?			
	I N	■ No							
	_	es. Fill in the details.							
		e of site ess (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State a ZIP Code)		nental law, if you	Date of notice			
25.	Have	Have you notified any governmental unit of any release of hazardous material?							
	– N	lo							
	□ Y	es. Fill in the details.							
		e of site ess (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State & ZIP Code)		nental law, if you	Date of notice			
26.	Have	you been a party in any judicial or admini	istrative proceeding under any en	vironmental law	v? Include settlements	and orders.			
	_	lo 'es. Fill in the details.							
	Case Case	Title Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the	e case	Status of the case			
Pai	t 11:	Give Details About Your Business or Cor	nnections to Any Business						
27.	Withir	n 4 years before you filed for bankruptcy,	did you own a business or have a	any of the follov	ving connections to any	y business?			
		☐ A sole proprietor or self-employed in a	trade, profession, or other activit	y, either full-tim	e or part-time				
		A member of a limited liability company							
∩ 44: -	OI FORTE	107 Ctatament	of Einanaial Affaira for Individuals Eili	na for Donkriintei	· ·				

Entered 02/10/18 09:19:25 Case 18-03663 Doc 1 Filed 02/10/18 Page 42 of 55 Document Case number (if known) Debtor 1 Jennifer M Christy ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Do not include Social Security number or ITIN. Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Jennifer M Christy Signature of Debtor 2 Jennifer M Christy

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

Signature of Debtor 1

Date February 10, 2018

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Date

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Fill in this info	rmation to identify your	case:		
Debtor 1	Jennifer M Christ	•		
Debtor 2	First Name	Middle Name	Last Name	
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	Sankruptcy Court for the:	NORTHERN DIS	TRICT OF ILLINOIS	
Case number				
(if known)				☐ Check if this is an amended filing
Official Fo	orm 108			
Stateme	nt of Intentio	n for Indiv	iduals Filing Under Chap	oter 7 12/15
If you are an inc	dividual filing under cha	ntor 7 you must fil	Lout this form if:	
	dividual filing under chap ve claims secured by yo	-	out this form in:	
	ised personal property a	• • •	ot expired.	
You must file th	nis form with the court w never is earlier, unless th	ithin 30 days after	you file your bankruptcy petition or by the date e time for cause. You must also send copies to	
	people are filing together and date the form.	in a joint case, bo	th are equally responsible for supplying correc	ct information. Both debtors must
			s needed, attach a separate sheet to this form.	On the top of any additional pages,
write y	your name and case nun	nber (if known).		
Part 1: List Y	Your Creditors Who Have	e Secured Claims		
		art 1 of Schedule D	: Creditors Who Have Claims Secured by Prop	erty (Official Form 106D), fill in the
information be ldentify the c	pelow. reditor and the property the	hat is collateral	What do you intend to do with the property t	that Did you claim the property
Í			secures a debt?	as exempt on Schedule C?
			_	_
Creditor's I	Bank of the West		☐ Surrender the property.☐ Retain the property and redeem it.	□ No
			Retain the property and redeem it. Retain the property and enter into a	Yes
	of 2012 Dodge Ram 1 Cab 41500 miles	500 Crew	Reaffirmation Agreement.	
property securing deb			☐ Retain the property and [explain]:	
	•			
Creditor's	Capital One Auto Fina	ince	☐ Surrender the property.	□ No
name:	oupliar one Auto I me		Retain the property and redeem it.	L No
Description o	of 2008 Pontiac G5 10	03000 miles	Retain the property and enter into a	■ Yes
property	2000 Folitiac G5 IV	75000 Illies	Reaffirmation Agreement. ☐ Retain the property and [explain]:	
securing deb	t:		Tetain the property and [explain].	
	Wells Fargo Home Mo	ortgage	☐ Surrender the property.	□ No
name:			Retain the property and redeem it.	■ Yes
Description o	of 203 Belmont Drive	Romeoville,	Retain the property and enter into a Reaffirmation Agreement.	■ res

Official Form 108

property

Statement of Intention for Individuals Filing Under Chapter 7

☐ Retain the property and [explain]:

IL 60446 Will County

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Debtor 1	Jennifer M Christy	Case number (if known)	
securin	g debt:		
	List Your Unexpired Personal Property Lea		
in the info	rmation below. Do not list real estate lease	listed in Schedule G: Executory Contracts and Unexpired Les. Unexpired leases are leases that are still in effect; the lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).	eases (Official Form 106G), fill ease period has not yet ended.
Describe	your unexpired personal property leases	W	ill the lease be assumed?
Lessor's n			l No
Property:	n of leased		l Yes
Lessor's n			l No
Property:	n of leased		l Yes
Lessor's n			l No
Description Property:	n of leased		l Yes
Lessor's n			l No
Property:	n of leased		l Yes
Lessor's n			l No
Property:	n of leased		l Yes
Lessor's n			l No
Property:	n of leased		l Yes
Lessor's n			l No
Property:	n of leased		l Yes
Part 3:	Sign Below		
		ed my intention about any property of my estate that secur	es a debt and any personal
	hat is subject to an unexpired lease.	v	
	ennifer M Christy nifer M Christy	X Signature of Debtor 2	
	ature of Debtor 1		
Date	February 10, 2018	Date	

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-03663 Doc 1 Filed 02/10/18 Entered 02/10/18 09:19:25 Desc Main Document Page 49 of 55

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

In re	e Jennifer M Christy		Case No.				
	-	Debtor(s)	Chapter	7			
	DISCLOSURE OF COMPI	ENSATION OF ATTO	RNEY FOR D	EBTOR(S)			
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 202 compensation paid to me within one year before the fi be rendered on behalf of the debtor(s) in contemplation	ling of the petition in bankruptcy	, or agreed to be paid	to me, for services rendered or	r to		
	For legal services, I have agreed to accept		\$	1,085.00			
	Prior to the filing of this statement I have receive			1,085.00			
	Balance Due		\$	0.00			
2.	The source of the compensation paid to me was:						
	■ Debtor □ Other (specify):						
3.	The source of compensation to be paid to me is:						
	■ Debtor □ Other (specify):						
4.	■ I have not agreed to share the above-disclosed cor			•			
	☐ I have agreed to share the above-disclosed competed copy of the agreement, together with a list of the r	nsation with a person or persons names of the people sharing in th	who are not member e compensation is att	s or associates of my law firm. ached.	A		
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:						
	 a. Analysis of the debtor's financial situation, and ren b. Preparation and filing of any petition, schedules, st c. Representation of the debtor at the meeting of cred d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applicated 522(f)(2)(A) for avoidance of liens on head 	tatement of affairs and plan which litors and confirmation hearing, a preduce to market value; ex- tions as needed; preparation	th may be required; and any adjourned he cemption planning	arings thereof;			
6.	By agreement with the debtor(s), the above-disclosed Representation of the debtors in any a	fee does not include the following adversary proceeding.	g service:				
		CERTIFICATION					
	I certify that the foregoing is a complete statement of a bankruptcy proceeding.	any agreement or arrangement fo	or payment to me for	representation of the debtor(s) i	n		
<u> </u>	February 10, 2018	/s/ Alonzo H. Zal					
	Date	Alonzo H. Zahou Signature of Attorn					
		Alonzo H. Zahou					
		235 Remington Bolingbrook, IL (630) 759-3631		7			

ahzlawyer@aol.com
Name of law firm

Alonzo H. Zahóur ·

235 Remington Blvd., Suite G1
Bolingbrook, IL 60440
Phone: (630) 759-3631 • Fax: (630) 759-7377
e-mail: ahzlawyer@aol.com
www.zahourlaw.com

CHAPTER 7 BANKRUPTCY FEE AGREEMENT

The Law Firm of Attorney Alonzo H. Zahour and Attorney Alonzo H. Zahour will provide representation to you, the Client, in a Chapter 7 bankruptcy under the following conditions:

- 1. The fee for this agreement is fixed at $$\frac{75000}{000}$$ plus all court costs and costs for prebankruptcy credit counseling and post filing financial management classes. The Court filing fee is currently \$335.00 and you will be provided with a list of pre and post bankruptcy counseling courses, which you will pay.
- 2. The above fee is based upon the anticipated information you will provide my office. If the information is incomplete or incorrect the fee and chapter of the bankruptcy may have to be adjusted.
 - 3. The fixed fee that is described above covers the following services:
 - 1. Up to three office consultations;
- 2. Preparation of all required Chapter 7 bankruptcy petitions and schedules, including up to 25 creditors. Additional creditors will be billed at the rate of \$2.00 per creditor;
 - 3. One revision and/or amendment to the petition and schedules;
- 4. Attendance at up to two creditor meetings. Additional meetings billed at \$100.00 per meeting charge after second meeting.
 - 5. Negotiation and approval of up to five reaffirmation agreements.
 - 6. Routine motions but not motions to dismiss filed by the Trustee, U.S Trustee or other creditors.
- 7. Evidentiary hearings, contested matters or adversary proceedings are <u>not</u> covered by this fixed fee.
- 8. Should the Chapter 7 action require additional services the additional fees will be based upon an hourly fee of \$265.00 per hour for time expended in the office of Alonzo H. Zahour, court time will be billed at the rate of \$295.00 per hour. Travel time to be billed at \$100.00 per hour. Administrative assistant services will be billed at \$80.00 per hour.

If the Chapter 7 action requires additional services the following procedures will be used to determine your total fee:

- a. For hourly rate billing office time is incurred in minimum increments of 1/10th of an hour and time expended outside office is incurred in minimum increments of 1/4 of an hour;
- b. Travel time to destinations away from the Bolingbrook office of Alonzo H. Zahour is not billed for destinations in Will and DuPage Counties. Other destinations may incur billing for travel time;
- c. Court costs, process service fees, court reporter fees, witness fees, if any, are billed in addition to the attorney fees and the client is responsible to pay them notwithstanding the outcome of the case;
- 9. The fee so paid will be considered an Advance Payment Retainer. The Client understands that these funds become the property of the attorney when paid and that during the course of representation the client may be required to deposit other funds that will also be considered as additional Advance Payment Retainers.

Alonzo H. Zahour has advised client that the client has an option of not paying an Advance Payment Retainer, and an option of not employing this particular law firm; and

Client has been advised that it would be appropriate to seek the advice of some other attorney, independent of attorney, to determine whether or not to enter into this Agreement; and

Client has been advised that counsel will not accept this matter except on an Advance Payment Retainer, because of the possibility that any unused retainer may be subject to claims of other persons against client.

Client has been advised by Alonzo H. Zahour that any attorney may accept a retainer as security for the payment of fees, which security retainer must be held in a special trust account until billed against and disbursed for services rendered or costs incurred; client is further advised that attorney will not accept this case on the basis of a security retainer.

Attorney Alonzo H. Zahour shall not keep the funds in a Client Fund Account, but may deposit the funds into the Attorney's general account or into any other account belonging to the attorney. It is understood that the client has no further interest in the funds, and the parties intend that no part of the funds should be subject to any claims of the creditors of the client.

- 10. If this fee agreement is terminated by either the attorney or the client the Law Firm and the Attorney will refund to client base upon the rates defined in Paragraph 8.
 - 11. The client is further advised of the following:
- a. Bankruptcy laws only allow client to protect a certain amount of client's property and if there is unprotected property that property:
- (1) may be sold by the Bankruptcy Trustee unless client purchases the Trustee's interest;
 (2) the Trustee may object to a Chapter 7 filing if client has excess income or assets and that may result in a conversion to a Chapter 13 bankruptcy;
 - b. that certain debts are not discharged;

(1) debts where objections are filed;

(2) educational debts; student loans; unfiled or late filed tax debts; taxes due in last three years; undisclosed debts; support/maintenance debts; criminal fines/court fees; rent/lease arrears; municipal fines/tickets; debts pursuant to a divorce decree/marital settlement; debts incurred after the case is filed, including any association fees as long as the property is in my name; debts incurred by fraud or other debts found non-dischargeable by the Bankruptcy Court; certain attorney fee debts resulting from dissolution proceedings and other family law judgments or orders.

The client shall cooperate with the law firm and provide all information requested at any point during the case. If client does not fully cooperate or provide complete and accurate information, the attorney may withdraw from representation of me, with the permission of the Court.

The client is advised that if you wish to retain mortgage, financed vehicles or other secured property you may be required to sign a reaffirmation agreement with the credit and you must remain current on the creditor's payments. Many mortgage or secured creditors refuse to reaffirm the debt but if you wish to keep the property you must continue to make the payments.

- 12. Any payment received will be applied to the fees and costs incurred in the manner described by this agreement.
 - 13. Billing statements that define the account will be provided regularly and at your request.
- 14. Statements that remain unpaid for over 30 days will be assessed an interest charge of 1% per month on any unpaid balance and if collection is required the costs of that action plus reasonable attorney's fees will be added to the unpaid account.

A payment of \$ 1085.00 (paid) is required to file your case.

Dated:

Client

Alonzo H. Zabeur

A DEBT RELIEF AGENCY

United States Bankruptcy Court Northern District of Illinois

In re	Jennifer M Christy		Case No.	
		Debtor(s)	Chapter 7	
	VE	RIFICATION OF CREDITOR MA	ATRIX	
		Number of (Creditors:	28
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of credito	ors is true and correct to	the best of my
Date:	February 10, 2018	/s/ Jennifer M Christy Jennifer M Christy Signature of Debtor		

Adventist Bolingbrook Hospital 75 Remittance Drive Suite 6097 Chicago, IL 60675-6097

Adventist Bolingbrook Hospital c/o Malcolm S Gerald and Assoc 332 S Michigan Ave Suite 600 Chicago, IL 60604

Adventist Health Partners Attn 16934J PO Box 14000 Belfast, ME 04915-4033

AT&T U Verse c/o Sunrise Credit Services PO Box 9100 Farmingdale, NY 11735-9100

Bank of the West 13505 California Street Omaha, NE 68154

Best Buy CBNA PO Box 6497 Sioux Falls, SD 57117

Capital One PO Box 30281 Salt Lake City, UT 84130

Capital One Auto Finance PO Box 259407 Plano, TX 75025

Capital One Bank c/o Northland Group PO Box 390846 Minneapolis, MN 55439

Citibank NA c/o GC Services Limited Partnership PO Box 3855 Houston, TX 77253 ComEd System Credit/Bankruptcy Dept 2100 Swift Drive Oak Brook, IL 60523

Darien University Dermatology 8110 S Cass Avenue Darien, IL 60561

DuPage Medical Group 1860 Paysphere Circle Chicago, IL 60674

Edward Hospital PO Box 4207 Carol Stream, IL 60197-4207

Lending Club Corp 21 Stevenson Suite 300 San Francisco, CA 94105

Midland Funding PO Box 2001 Warren, MI 48090-2001

Midland Funding LLC c/o Kohn Law Firm 735 N Water St Suite 1300 Milwaukee, WI 53202-4106

Midland Funding LLC 2365 Northside Drive Suite 300 San Diego, CA 92108

NCC 815 Commerce Drive Suite 270 Oak Brook, IL 60523-8852

Nicor Attn Bankruptcy & Collections PO Box 549 Aurora, IL 60507 Oakbrook Allergists SC 120 Oakbrook Center Mall Suite 424 Oak Brook, IL 60523-4728

Portfolio Recovery PO Box 12903 Norfolk, VA 23541

Rush Copley Medical Center PO Box 2091 Aurora, IL 60507-2091

Suburban Radiologists SC 1446 Momentum Place Chicago, IL 60689-5314

Synchrony Bank c/o Portfolio Recovery Assoc PO Box 12903 Norfolk, VA 23541

Synchrony Bank Bankruptcy Dept PO Box 965061 Orlando, FL 32896-5061

TD Bank USA NA c/o Blitt and Gaines PC 661 Glenn Ave Wheeling, IL 60090

Wells Fargo Home Mortgage PO Box 10335 Des Moines, IA 50306